


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90201 020 ****61.25

DOCUMENT # 734755 1. Entity Name TROPIC TERRACE CONDOMINIUM ASSOCIATION, BUILDING 1000, INC.	
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Principal Place of Business %PROFESSIONALLY YOURS INC 1342 SE 46TH LANE CAPE CORAL, FL 33904 US	Mailing Address %PROFESSIONALLY YOURS INC PO BOX 100831 CAPE CORAL, FL 33910 US
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2. Principal Place of Business - No P.O. Box # 14360 Tamiami Trail	3. Mailing Address 14360 Tamiami Trail
Suite, Apt. #, etc. UNIT B	Suite, Apt. #, etc. UNIT B
City & State FORT MYERS FL	City & State FORT MYERS FL
Zip 33912	Country USA

40081657



03082007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1644740	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required...
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6. Name and Address of Current Registered Agent SAPP, PAUL C/O P & M PROPERTY MGMT. 15660 SAN CARLOS BLVD, #40 FORT MYERS, FL 33908	7. Name and Address of New Registered Agent P & M Property Management 14360 So. Tamiami Trail, Unit B Fort Myers, Florida 33912 Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Paul Sapp* **4-23-07**
Signature, typed or printed name of registered agent and if not applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DUBEY, ROBERT 1002 TROPIC TERRACE N FORT MYERS, FL 33903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARDINER, ORA 159 E MARIANA AVE N FORT MYERS, FL 33903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DECHENE, MARLANE 2120 SE 2ND ST CAPE CORAL, FL 33990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BAHRUTH, JOAN 1004 TROPIC TERRACE FORT MYERS, FL 33903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILKE, ROBERT 1010 TROPIC TERRACE FORT MYERS, FL 33903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marlane Dechene* **4-19-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #